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ABSTRACT

The Henderson County Migrant Family Health Service has served migrants coming into the area for 8 years, and the need for service continues although there are no plans to extend this service after migrant health grant assistance is denied. The primary objective of the project is to provide necessary facilities and services to the migrant and his dependents at no charge. An advisory committee, composed of migrants and representatives of the Henderson County Migrant Council, assists the project director. Family medical clinics are held 3 nights each week in a temporary building. Each patient is examined, and necessary drugs are prescribed by the clinician. Field visits by nurses follow clinical examinations. Referrals to hospitals or to private physicians' offices are made in difficult cases. The health educator works directly under the project director to try new approaches to meet the needs of health education. In the document, along with a textual summary, tables provide statistics (from June 1 through November 15, 1970) on number of migrants served, their conditions or diseases, and the types of services provided. (JH)

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EDUCATION & WELFARE
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HENDERSON COUNTY, NORTH CAROLINA

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Migrant Family Health Service

1970

Migrant Health Project

ANNUAL PROGRESS REPORT

RC005040

TABLE OF CONTENTS

	Page
Statistical Data - - - - - - - - - - - - - -	1 - 7
Summary - - - - - - - - - - - - - -	8
Medical & Dental Services- - - - - - - -	10
Hospital Service- - - - - - - - - - - - - -	12
Pictures- - - - - - - - - - - - - - - - - -	13, 14, 15
Nursing Service - - - - - - - - - - - - - -	16
Nutrition- - - - - - - - - - - - - - - - - -	19
Sanitation Service- - - - - - - - - - - - - -	20
Map- -	23
Health Education - - - - - - - - - - - - - -	24
Report--Project Advisory Board- - - - - -	26

3

ED 046613

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

ANNUAL PROGRESS REPORT - MIGRANT HEALTH PROJECT

DATE SUBMITTED: November 16, 1970

PERIOD COVERED BY THIS REPORT: FROM May 1, 1970 THROUGH April 30, 1971

PART I - GENERAL PROJECT INFORMATION

1. PROJECT TITLE
Henderson County Migrant Family Health Service

2. GRANT NUMBER (Use number shown on the last Grant Award Notice)
04-H-000226-09-0
(Formerly MG-28)

3. GRANTEE ORGANIZATION (Name & address)
Henderson County Migrant Council, Inc.
Post Office Box #65
Hendersonville, North Carolina 28739

4. PROJECT DIRECTOR
Mrs. Frank R. Burson, PHRN.
218 Fairground Avenue
Hendersonville, N. C. 28739

SUMMARY OF POPULATION AND HOUSING DATA FOR TOTAL PROJECT AREA

5. POPULATION DATA - MIGRANTS (Workers and dependents)

a. NUMBER OF MIGRANTS BY MONTH

MONTH	TOTAL	IN-MIGRANTS	OUT-MIGRANTS
JAN.			
FEB.			
MAR.			
APRIL			
MAY			
JUNE	200	200	--
JULY	300	300	--
AUG.	500	500	--
SEPT.	800	800	--
OCT.	700	700	--
NOV.			
DEC.			
TOTALS	2500	2500	--

b. NUMBER OF MIGRANTS DURING PEAK MONTH

	TOTAL	MALE	FEMALE
(1) OUT-MIGRANTS:	--	--	--
TOTAL			
UNDER 1 YEAR			
1 - 4 YEARS			
5 - 14 YEARS			
15 - 44 YEARS			
45 - 64 YEARS			
65 AND OLDER			
(2) IN-MIGRANTS:			
TOTAL	800	745	55
UNDER 1 YEAR	7	3	4
1 - 4 YEARS	10	5	5
5 - 14 YEARS	20	8	12
15 - 44 YEARS	663	638	25
45 - 64 YEARS	98	89	9
65 AND OLDER	2	2	-

c. AVERAGE STAY OF MIGRANTS IN PROJECT AREA

	NO. OF WEEKS	FROM (MO.)	THROUGH (MO.)
OUT-MIGRANTS	--	--	--
IN-MIGRANTS	22	June	October

d. (1) INDICATE SOURCES OF INFORMATION AND/OR BASIS OF ESTIMATES FOR 5a.

Census of regularly visited camps and housing units by Sanitation Aide.

(2) DESCRIBE BRIEFLY HOW PROPORTIONS FOR SEX AND AGE FOR 5b WERE DERIVED.

Information obtained from crew leaders, camp caretakers, or wives of crew leaders.

6. HOUSING ACCOMMODATIONS

a. CAMPS

MAXIMUM CAPACITY	NUMBER	OCCUPANCY (PEAK)
LESS THAN 10 PERSONS	--	--
10 - 25 PERSONS	2	35
26 - 50 PERSONS	2	50
51 - 100 PERSONS	4	340
MORE THAN 100 PERSONS	-	--
TOTAL*	8	425

b. OTHER HOUSING ACCOMMODATIONS

LOCATION (Specify):	NUMBER	OCCUPANCY (PEAK)
Houses	20	165
Apartments	12	210
TOTAL*	32	375

*NOTE: The combined occupancy totals for "a" and "b" should equal approximately the total peak migrant population for the year.

7. MAP OF PROJECT AREA - Append map showing location of camps, roads, clinics, and other places important to project.

Form approved:
Budget Bureau No. 68-R1005

GRANT NUMBER 04-H-000226-09-0 (Formerly MG-28)

DATE SUBMITTED November 15, 1970

PART II - MEDICAL, DENTAL, AND HOSPITAL SERVICES

1. MIGRANTS RECEIVING MEDICAL SERVICES

a. TOTAL MIGRANTS RECEIVING MEDICAL SERVICES AT FAMILY HEALTH CLINICS, PHYSICIANS OFFICES, HOSPITAL EMERGENCY ROOMS, ETC.

AGE	NUMBER OF PATIENTS			NUMBER OF VISITS
	TOTAL	MALE	FEMALE	
TOTAL	927	434	493	1415
UNDER 1 YEAR	55	18	37	91
1 - 4 YEARS	111	55	56	177
5 - 14 YEARS	143	79	64	196
15 - 44 YEARS	426	165	261	656
45 - 64 YEARS	162	98	64	241
65 AND OLDER	30	19	11	54

b. OF TOTAL MIGRANTS RECEIVING MEDICAL SERVICES, HOW MANY WERE:

(1) SERVED IN FAMILY HEALTH SERVICE CLINIC? 874

(2) SERVED IN PHYSICIANS' OFFICE, ON FEE-FOR-SERVICE ARRANGEMENT (INCLUDE REFERRALS) 53

3. MIGRANT PATIENTS HOSPITALIZED

(Regardless of arrangements for payment):

No. of Patients *(exclude newborn)* 22

No. of Hospital Days 145

2. MIGRANTS RECEIVING DENTAL SERVICES

ITEM	TOTAL	UNDER 15	15 AND OLDER
a. NO. MIGRANTS EXAMINED-TOTAL	96	19	77
(1) NO. DECAYED, MISSING, FILLED TEETH	--	--	--
(2) AVERAGE DMF PER PERSON	--	--	--
b. INDIVIDUALS REQUIRING SERVICES - TOTAL	56	13	43
(1) CASES COMPLETED	53	13	40
(2) CASES PARTIALLY COMPLETED	3	-	3
(3) CASES NOT STARTED	-	-	-
c. SERVICES PROVIDED - TOTAL	337	49	288
(1) PREVENTIVE	75	9	66
(2) CORRECTIVE-TOTAL	131	20	111
(a) Extraction	113	9	104
(b) Other	18	11	7
d. PATIENT VISITS - TOTAL	68	14	54

4. IMMUNIZATIONS PROVIDED

TYPE	COMPLETED IMMUNIZATIONS, BY AGE					IN-COMPLETE SERIES	BOOSTERS, REVACCINATIONS
	TOTAL	UNDER 1 YEAR	1 - 4	5 - 14	15 AND OLDER		
TOTAL-- ALL TYPES	204	21	23	13	6	33	108
SMALLPOX	15	2	2	10			1
DIPHTHERIA	43	4	3			9	27
PERTUSSIS	43	4	3			9	27
TETANUS	49	4	3		6	9	27
POLIO	43	5	5	1	-	6	26
TYPHOID	-						
MEASLES	8	1	7	-	-	-	-
OTHER (Specify) Tine test	3	1	-	2	-	-	-

REMARKS

Out-patient hospital services: Emergency Room, 19; X-ray, 10; Laboratory, 9.
" " referred out of area: Bone & Joint Clinic, 1; Oral Surgeon, 1; Urologist, 1.
In-patient " " " " Oral Surgeon; Orthopedic Surgeon; Hospital and Rehabilitation Center; Crippled Children's Program.

8 referred to Department ofSocial Services - financial and medical aid;
10 " " " " - Surplus food commodities;
1 local Health Department - follow-up care (crippled child)

PART II *(Continued)* - 5. MEDICAL CONDITIONS TREATED BY PHYSICIANS IN FAMILY CLINICS, HOSPITAL OUTPATIENT DEPARTMENTS, AND PHYSICIANS' OFFICES.

GRANT NUMBER
04-H-000226-09-0
(Formerly MG-28)

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
I-XVII.		TOTAL ALL CONDITIONS	1150	805	345
I.	01-	INFECTIVE AND PARASITIC DISEASES. TOTAL	50	42	8
	010	TUBERCULOSIS	2	-	2
	011	SYPHILIS	5	2	3
	012	GONORRHEA AND OTHER VENEREAL DISEASES	13	11	2
	013	INTESTINAL PARASITES	9	9	-
		DIARRHEAL DISEASE (infectious or unknown origins):			
	014	Children under 1 year of age	4	3	1
	015	All other	1	1	-
	016	"CHILDHOOD DISEASES" – mumps, measles, chickenpox	12	11	1
	017	FUNGUS INFECTIONS OF SKIN (Dermatophytoses)	4	4	-
	019	OTHER INFECTIVE DISEASES *(Give examples):*	-	-	-
II.	02-	NEOPLASMS: TOTAL	14	5	9
	020	MALIGNANT NEOPLASMS *(give examples):*			
		Carcinoma of cervix	7	2	5
		Basal cell cancer (bridge of nose)	3	1	2
		Ameloblastoma in mandible	3	1	2
	025	BENIGN NEOPLASMS			
	029	NEOPLASMS of uncertain nature			
III.	03-	ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES: TOTAL	66	34	32
	030	DISEASES OF THYROID GLAND	-	-	-
	031	DIABETES MELLITUS	5	4	1
	032	DISEASES of Other Endocrine Glands	1	1	-
	033	NUTRITIONAL DEFICIENCY	4	4	1
	034	OBESITY	54	23	31
	039	OTHER CONDITIONS	2	2	-
IV.	04-	DISEASES OF BLOOD AND BLOOD FORMING ORGANS: TOTAL	75	53	22
	040	IRON DEFICIENCY ANEMIA	74	52	22
	049	OTHER CONDITIONS	1	1	-
V.	05-	MENTAL DISORDERS: TOTAL	8	7	1
	050	PSYCHOSES	-	-	-
	051	NEUROSES and Personality Disorders	2	2	-
	052	ALCOHOLISM	5	4	1
	053	MENTAL RETARDATION	1	1	-
	059	OTHER CONDITIONS	-	-	-
VI.	06-	DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS: TOTAL	192	120	72
	060	PERIPHERAL NEURITIS	-	-	-
	061	EPILEPSY	12	4	8
	062	CONJUNCTIVITIS and other Eye Infections	14	10	4
	063	REFRACTIVE ERRORS of Vision	54	32	22
	064	OTITIS MEDIA	26	19	7
	069	OTHER CONDITIONS	83	52	31
		Esophoria; Amblyopia; Pterygium	3	3	-

PART II - 5. *(Continued)*

GRANT NUMBER
04-H-000226-09-0
(Formerly MG-28)

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
			96	44	52
VII.	07-	DISEASES OF THE CIRCULATORY SYSTEM: TOTAL	2	2	-
	070	RHEUMATIC FEVER	1	1	-
	071	ARTERIOSCLEROTIC and Degenerative Heart Disease	-	-	-
	072	CEREBROVASCULAR DISEASE (Stroke)	3	2	1
	073	OTHER DISEASES of the Heart	83	33	50
	074	HYPERTENSION	2	2	-
	075	VARICOSE VEINS	5	4	1
	079	OTHER CONDITIONS			
			175	151	24
VIII.	08-	DISEASES OF THE RESPIRATORY SYSTEM: TOTAL	108	90	18
	080	ACUTE NASOPHARYNGITIS (Common Cold)	14	14	-
	081	ACUTE PHARYNGITIS	15	12	3
	082	TONSILLITIS	20	17	3
	083	BRONCHITIS	3	3	-
	084	TRACHEITIS/LARYNGITIS	-	-	-
	085	INFLUENZA	-	-	-
	086	PNEUMONIA	7	7	-
	087	ASTHMA, HAY FEVER	1	1	-
	088	CHRONIC LUNG DISEASE (Emphysema)	7	7	-
	089	OTHER CONDITIONS			
			153	119	34
IX.	09-	DISEASES OF THE DIGESTIVE SYSTEM: TOTAL	77	66	11
	090	CARIES and Other Dental Problems	12	11	1
	091	PEPTIC ULCER	-	-	-
	092	APPENDICITIS	1	1	-
	093	HERNIA	1	1	-
	094	CHOLECYSTIC DISEASE	62	40	22
	099	OTHER CONDITIONS			
			75	52	23
X.	10-	DISEASES OF THE GENITOURINARY SYSTEM: TOTAL	25	17	8
	100	URINARY TRACT INFECTION (Pyelonephritis, Cystitis)	2	2	-
	101	DISEASES OF PROSTATE GLAND (excluding Carcinoma)	5	2	3
	102	OTHER DISEASES of Male Genital Organs	10	8	2
	103	DISORDERS of Menstruation	1	1	-
	104	MENOPAUSAL SYMPTOMS	21	15	6
	105	OTHER DISEASES of Female Genital Organs	11	7	4
	109	OTHER CONDITIONS			
XI.	11-	COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM: TOTAL	10	10	-
	110	INFECTIONS of Genitourinary Tract during Pregnancy	-	-	-
	111	TOXEMIAS of Pregnancy	-	-	-
	112	SPONTANEOUS ABORTION	-	-	-
	113	REFERRED FOR DELIVERY	6	6	-
	114	COMPLICATIONS of the Puerperium	-	-	-
	119	OTHER CONDITIONS	4	4	-
			99	63	36
XII.	12-	DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE: TOTAL	36	15	21
	120	SOFT TISSUE ABSCESS OR CELLULITIS	16	10	6
	121	IMPETIGO OR OTHER PYODERMA	3	3	-
	122	SEBORRHEIC DERMATITIS	7	6	1
	123	ECZEMA, CONTACT DERMATITIS, OR NEURODERMATITIS	1	1	-
	124	ACNE	36	28	8
	129	OTHER CONDITIONS			

PART II - 5. *(Continued)*

GRANT NUMBER
04-H-000226-09-0
(Formerly MG-28)

ICD CLASS	MH CODE	DIAGNOSIS OR CONDITION	TOTAL VISITS	FIRST VISITS	REVISITS
XIII.	13-	DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE: TOTAL	19	12	7
	130	RHEUMATOID ARTHRITIS	2	1	1
	131	OSTEOARTHRITIS	4	3	1
	132	ARTHRITIS, Unspecified	10	6	4
	139	OTHER CONDITIONS	3	3	-
XIV.	14-	CONGENITAL ANOMALIES: TOTAL	-	-	-
	140	CONGENITAL ANOMALIES of Circulatory System			
	149	OTHER CONDITIONS			
XV.	15-	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY: TOTAL	5	5	-
	150	BIRTH INJURY	1	1	-
	151	IMMATURITY	1	1	-
	159	OTHER CONDITIONS	3	3	-
XVI.	16-	SYMPTOMS AND ILL-DEFINED CONDITIONS: TOTAL	29	19	10
	160	SYMPTOMS OF SENILITY	-	-	-
	161	BACKACHE	3	1	2
	162	OTHER SYMPTOMS REFERRABLE TO LIMBS AND JOINTS	1	1	-
	163	HEADACHE	22	14	8
	169	OTHER CONDITIONS	3	3	-
XVII.	17-	ACCIDENTS, POISONINGS, AND VIOLENCE: TOTAL	92	76	16
	170	LACERATIONS, ABRASIONS, and Other Soft Tissue Injuries	42	32	10
	171	BURNS	3	2	1
	172	FRACTURES	2	2	-
	173	SPRAINS, STRAINS, DISLOCATIONS	27	23	4
	174	POISON INGESTION	1	1	-
	179	OTHER CONDITIONS due to Accidents, Poisoning, or Violence	17	16	1
			NUMBER OF INDIVIDUALS		
6.	2--	SPECIAL CONDITIONS AND EXAMINATIONS WITHOUT SICKNESS: TOTAL	368	310	58
	200	FAMILY PLANNING SERVICES	28	23	5
	201	WELL CHILD CARE	3	3	-
	202	PRENATAL CARE	41	14	27
	203	POSTPARTUM CARE	3	2	1
	204	TUBERCULOSIS: Follow-up of inactive case	3	2	1
	205	MEDICAL AND SURGICAL AFTERCARE	22	12	10
	206	GENERAL PHYSICAL EXAMINATION	15	15	-
	207	PAPANICOLAOU SMEARS	10	10	-
	208	TUBERCULIN TESTING	8	4	4
	209	SEROLOGY SCREENING	26	26	-
	210	VISION SCREENING	41	41	-
	211	AUDITORY SCREENING	-	-	-
	212	SCREENING CHEST X-RAYS	-	-	-
	213	GENERAL HEALTH COUNSELLING	42	37	5
	219	OTHER SERVICES: Public relations	18	16	2
		(Specify) School physicals	40	39	1
		Microscopic sperm screening	1	1	--
		Urine Pregnancy testing	23	23	-
		Microscopic urine testing	18	16	2
		Glaucoma testing	26	26	-

PART III - NURSING SERVICE

GRANT NO. 04-H-000226-02-0 (formerly MG-28)

TYPE OF SERVICE		NUMBER
1. NURSING CLINICS:		
a. NUMBER OF CLINICS		238
b. NUMBER OF INDIVIDUALS SERVED - TOTAL		464
2. FIELD NURSING:		
a. VISITS TO HOUSEHOLDS		264
b. TOTAL HOUSEHOLDS SERVED		264
c. TOTAL INDIVIDUALS SERVED IN HOUSEHOLDS		464
d. VISITS TO SCHOOLS, DAY CARE CENTERS		18
e. TOTAL INDIVIDUALS SERVED IN SCHOOLS AND DAY CARE CENTERS		107
3. CONTINUITY OF CARE:		
a. REFERRALS MADE FOR MEDICAL CARE: TOTAL		339
(1) Within Area	323	
(Total Completed	259)	
(2) Out of Area	16	
(Total Completed	12)	
b. REFERRALS MADE FOR DENTAL CARE: TOTAL	23	
(Total Completed	23)	
c. REFERRALS RECEIVED FOR MEDICAL OR DENTAL CARE FROM OUT OF AREA: TOTAL	1	
(Total Completed	1)	
d. FOLLOW-UP SERVICES FOR MIGRANTS, not originally referred by project, WHO WERE TREATED IN PHYSICIANS' OFFICES (Fee-for-Service)		-
e. MIGRANTS PROVIDED PRE-DISCHARGE PLANNING AND POST-HOSPITAL SERVICES		24
f. MIGRANTS ASKED TO PRESENT HEALTH RECORD Form PMS-3652 or Similar Form) IN FIELD OR CLINIC: TOTAL		317
(1) Number presenting health record.		33
(2) Number given health record.		284

4. OTHER ACTIVITIES *(Specify)*: Training --Mental Health and Drugs in-staff, Western Carolina, SBH.; Local Mental Health Clinic;
Multi-phasic Screening - SBH. Nutrition--Henderson County Extension Home Economist

Community Organizations - Migrant Council, Woman's Club, Church Women United, Lions Club, Cancer Society, Neighborhood Youth Corp, Council on Aging, Medical and Dental Societies.

Conferences - N. C. Advisory Committee on Service to Migrants (Mt. Olive, N. C.)
- Local Health Dept., Hospital services, Dept. of Social Services,
-Mental Health Clinic, Dental Society, Migrant Council Advisory Board (4), N. C. Council of Churches (Emergency Food Program), 2 growers, 8 crew leaders, Salvation Army, Voc. Rehab., Mission.

REMARKS ↓

Housing and sanitation remain the #1 problem. Three of the larger produce camps were closed. One finally opened when apple pickers arrived, were unable to find housing, and were permitted use of the better part of the camp. Later, a second one was opened.
Apple growers and others referred patients to the Clinic when illness occurred. 43 units housing migrants in different areas of the city and county were located.

PART IV - SANITATION SERVICES

GRANT NUMBER 04-H-000226-09-0 (Formerly MG-28)

TABLE A. SURVEY OF HOUSING ACCOMMODATIONS

HOUSING ACCOMMODATIONS	TOTAL		COVERED BY PERMITS	
	NUMBER	MAXIMUM CAPACITY	NUMBER	MAXIMUM CAPACITY
CAMPS	8	470	8	470
OTHER LOCATIONS	32	450	-	-
HOUSING UNITS - Family:				
IN CAMPS	185	470	-	-
IN OTHER LOCATIONS	60	300	-	-
HOUSING UNITS - Single				
IN CAMPS	185	470	170	470
IN OTHER LOCATIONS	60	300	-	-

TABLE B. INSPECTION OF LIVING AND WORKING ENVIRONMENT OF MIGRANTS

ITEM	NUMBER OF LOCATIONS INSPECTED*		TOTAL NUMBER OF INSPECTIONS		NUMBER OF DEFECTS POUND		NUMBER OF CORRECTIONS MADE	
	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER	CAMPS	OTHER
LIVING ENVIRONMENT:								
a. WATER	8	10	130	160	2	0	2	0
b. SEWAGE	8	11	130	160	-	-	-	-
c. GARBAGE AND REFUSE	8	11	130	160	14	12	14	12
d. HOUSING	8	11	130	160	-	-	-	-
e. SAFETY	8	11	130	160	-	-	-	-
f. FOOD HANDLING	8	11	130	160	10	5	10	5
g. INSECTS AND RODENTS	8	11	130	160	-	-	-	-
h. RECREATIONAL FACILITIES	-	-	-	-	-	-	-	-
WORKING ENVIRONMENT:								
a. WATER	XXXX		XXXX		XXXX		XXXX	
b. TOILET FACILITIES	XXXX		XXXX		XXXX		XXXX	
c. OTHER	XXXX		XXXX		XXXX		XXXX	

* Locations – camps or other locations where migrants work or are housed.

PART V – HEALTH EDUCATION SERVICES (By type of service, personnel involved, and number of sessions.)

TYPE OF HEALTH EDUCATION SERVICE	NUMBER OF SESSIONS					
	HEALTH EDUCATION STAFF	PHYSICIANS	NURSES	SANITARIANS	AIDES (other than Health Ed.)	OTHER (Specify)
A. SERVICES TO MIGRANTS:						OEO Emergency Food
(1) Individual counselling	951	874	1638	200	62	
(2) Group counselling	46	2	-	20	1	
B. SERVICES TO OTHER PROJECT STAFF:						Psychiatric Cons., Home Economist, Nursing Cons
(1) Consultation	27	44	53	8	8	
(2) Direct services	15	10	15	1	8	
C. SERVICES TO GROWERS:						
(1) Individual counselling	5	-	11	6	-	10
(2) Group counselling	-	-	-	-	-	-
D. SERVICES TO OTHER AGENCIES OR ORGANIZATIONS:						
(1) Consultation with individuals	32	2	8	5	70	125
(2) Consultation with groups	12	3	4	3	3	7
(3) Direct services	7	4	16	-	-	-
E. HEALTH EDUCATION MEETINGS	21	-	44	1	-	State and Reg. Cons.

SUMMARY

The Henderson County Migrant Family Health Service has served migrants coming into the area for the past eight years and the need for service continues. This report covers the period from June 1st through November 15, 1970.

The primary objective of the project is to provide necessary facilities and services to the migrant and his dependents at no charge. Medical clinics of a family type are held three nights each week in a building provided temporarily. Each patient is examined and necessary drugs prescribed by the clinician, then followed up by a nurse on field visits. Those seen in the clinic requiring more care than can be given by a general practitioner are referred to the hospital or to private physicians' offices for consultation. The health educator works directly under the project director to try new approaches to meet the needs of health education.

The sanitation of local housing and migrant labor camps is the responsibility of the local health department and the North Carolina State Board of Health. (see Sanitation Services)

The workers in produce were southern negroes from Florida, Georgia and South Carolina. Beans, trellis tomatoes, cabbage and cucumbers were the main crops. When the workers arrive they work in South Carolina, with the harvest being processed in Hendersonville packing houses. When the local crops are ready for harvest, two buses came daily fr Greenville, and buses and trucks from Spartanburg, South Carolina.)ay-haul is an important factor. The produce business is on the decline as housing and land are more scarce each year. One grower put his bean fields in hard corn for cattle feeding. The seed is densely sown and the crop mechanically harvested. Other years he used a 60-man crew.

Apple production is increasing--new orchards are starting to produce and there are more to come. 3000 pickers were used, made up of local labor, day-haul, and migrants. This year's crop is estimated at nearly five million bushels. Two new industries were started--one, a Virginia firm processing juice to be shipped in bulk to make jelly; the other, a small-scale 'Apple-Gift Packaging.' There are now 44 packing houses.

The majority of migrants working in apples were white, coming from Florida, Kentucky, Michigan, and South Carolina. There was a large turnover of crews. When work first started and the market was right, 25 cents a bushel looked good but the market price dropped and spot picking was done. Many moved on for they could not manage on the wages paid. The migrants were referred to the clinic by growers when they became ill. Most of them travel in their own cars. (They reminded the writer of 'Grapes of Wrath'). With the project in its eighth year the progress made with the produce migrants is evident in manners, dress and attitude toward health education, and the education of their children. The white migrants are a different story. Considerable work will need to be done in the field of health education.

The Henderson County Migrant Council, Inc., a non-profit organization is the local agency responsible for a comprehensive plan to give service to the migrant and his dependents. This includes the Migrant Family Health Service (supported by direct grant funds from the U. S. Public Health Service, MG-28-H); the Child Development Center, Clothing Center, migrant ministry; Emergency Food (N. C. 010); and public relations. An advisory committee of migrants and representatives of the Migrant Council assists the Project Director, and every effort is made to give help to meet the many needs of the migrants.

Migrant labor is necessary to the economy of this area and relationships continue to grow between all persons involved with the welfare of these workers. The Migrant Council has 305 members and provides a comprehensive program in this community. The key members are citizens who represent a cross-section of civic clubs, church groups, public school groups, Community Action, Employment Security Commission, welfare, local sanitation department, etc. This season there was more community involvement and and more exposure to the plight of migrant labor through the press, radio and television. Seven tours were arranged for interested citizens, starting at the Clinic facility. Two high school sociology classes that selected migrant labor as their target group to study were transported to the Clinic and given an introduction to the 'migrant', his needs, and the Federal program of assistance. The remark made by both classes was that the service given to migrant labor should be extended to all rural people in the poverty income level.

Health kits were made by church groups and distributed through the clinic. Toys, blankets, milk and vitamins were donated and distributed as needed. Drug companies and physicians supplied sample drugs so that the clinician could start immediate medication, with follow-up prescription to be obtained from any local drug store. All prescribed medication was paid from project funds on a cost-plus-packaging agreement.

Ten days are allowed for the orientation of staff. Mornings are used for classes; afternoons for on-the-job training which consisted on interviewing techniques, clinic procedures, field visits, and Goals and Guidelines--Federal, State and local.

The project was able to meet the objectives stated in Paragraph II and comprehensive care was achieved. The cooperation of the medical and dental societies, hospital staff, Migrant Council, and many interested citizens made it possible to give service to those in need. Giving the right service for the migrant and his family in the right place and at the right time, at the right cost, requires team effort. The human need provides the motivation.

There are no plans to continue this service after migrant health grant assistance is denied. This season three major cases were referred to Medicaid, Rehabilitation, and Crippled Children. The project was responsible for the acute condition and then making the referral. (See 'cases', under Medical and Dental Services).

MEDICAL AND DENTAL SERVICES

Family medical clinics were held on Monday, Wednesday, and Friday nights from 7 to 9:30. Patients came as early as 5:15 P.M. The staff left after the last patient was treated and many nights it was after 10:30 P.M. An open-door policy is maintained throughout clinic operation and patients come for assistance other than clinic hours. The clinician is available for consultation as needed. Most of those who come need redressings, or are children who become ill during the night. There were 44 family type clinics and 12 special clinics--

7 dental (private dentists' offices)
4 physical examination (Child Development Center, 2,
(County School, 2.
1 eye

The same general practitioner has acted as clinician for the past four seasons. Patients seen in the clinic who require more extensive care are referred to the proper physician on call at the local hospital, or to private physicians' offices for consultation. Dentists also see emergency dental cases on a rotation plan. Arranging appointments and transportation of patients was the responsibility of the project director. Those needing more extensive care than could be given locally were referred out of the area. All consultations were received as needed.

The following are examples:

Oral Surgeon - Man came to Clinic with a toothache. No cavities noted, some swelling of lower jaw. Stated something was wrong there of about four months duration. Local dentist took x-rays and advised consultation with oral surgeon. Clinical and x-ray examination revealed a large tumor. Patient admitted to hospital. An intra-oral resection and biopsy were done. Tumor was malignant. Orthopedic Surgeon made a graft from the left hip bone to replace area removed from the jaw. The case was referred to the Department of Social Services for Medicaid assistance.

Gunshot - Man shot in the back and robbed. Result, paraplegic. Transferred by ambulance to Charlotte Memorial Hospital (after acute state), patient to be under the care of a Paraplegic Specialist. This case was referred to North Carolina Rehabilitation.

Birth defect - Baby boy born with a club foot. This case referred to The Crippled Children Program, to be examined at the Asheville Orthopedic Clinic and follow-up done by local Board of Health.

Urologist - Dx- stricture of the ureter. Dilation was performed.

Bone & Joint Clinic - Fracture of left humerus with fragmentation.

Consultation for medical and dental needs is available in the area, with facilities in the next county (25 miles distant) in any category of care. Patients referred from the project have received excellent treatment.

The project director began June 1st to ready the building (interior was painted and playroom floor rebuilt), order supplies, and alert local agencies that the Migrant Family Health Service will be in operation. Started June 15th for ten-day programmed orientation and on-the-job training. Clinic started the end of June. The night clinic closed October 9th as the influx of apple pickers made it necessary to extend operations, with the nurse being available days and the clinician on call during October.

The statistical data is compiled as a daily routine by the staff nurse and secretary. The nurse supplies the medical information and the secretary marks the tally sheets which are totalled at the end of each month.

Health education was given by the staff at every opportunity through booklets, posters, films, and diet lists for specific illnesses. Family planning was stressed. The importance of the Social Security Card and Personal Health Record was the duty of the front office. The nurses and doctor followed through by adding information to the Health Record. Referrals were mailed on all cases requiring follow-up care in the home base area.

Drugs - Drug samples from the local medical offices continued to flow into the clinic until the close of the season. Usuable medications were classified, grouped, and put in stock bottles for more accessible dispensing.

The project purchased bulk drugs such as chewable and prenatal vitamins, iron, aspirin, and Actifed-C Expectorant for economical and convenient usuage. Prescriptions were written for drugs not available in the clinic. All drugs and prescriptions given are reflected on the patients' medical records.

Pre-arrangements continue to be made with the local pharmacies to handle prescriptions on a cost-plus-packaging basis. The patients are informed that they are privileged to have their prescriptions filled at the pharmacy of their choice at no cost to them.

HOSPITAL SERVICES

Agreements with the local hospitals were made on the same basis as the past four years. Patients referred from the clinic would carry the proper forms. The project director would determine the eligibility of those admitted through the emergency room for grant assistance. The hospitals make an effort to collect fees from the patients.

The project has made efforts to secure revenue for hospitalization from sources other than grant funds (Medicaid, Rehabilitation, Crippled Children's Program). Both hospitalization and physician's fee were assumed by the grower for one man with a compound fracture of the right leg.

Patients who needed transportation to and from the hospital were provided this by the project staff. The doctors or floor supervisors notified the project director of any necessary home nursing care or clinic follow-up.

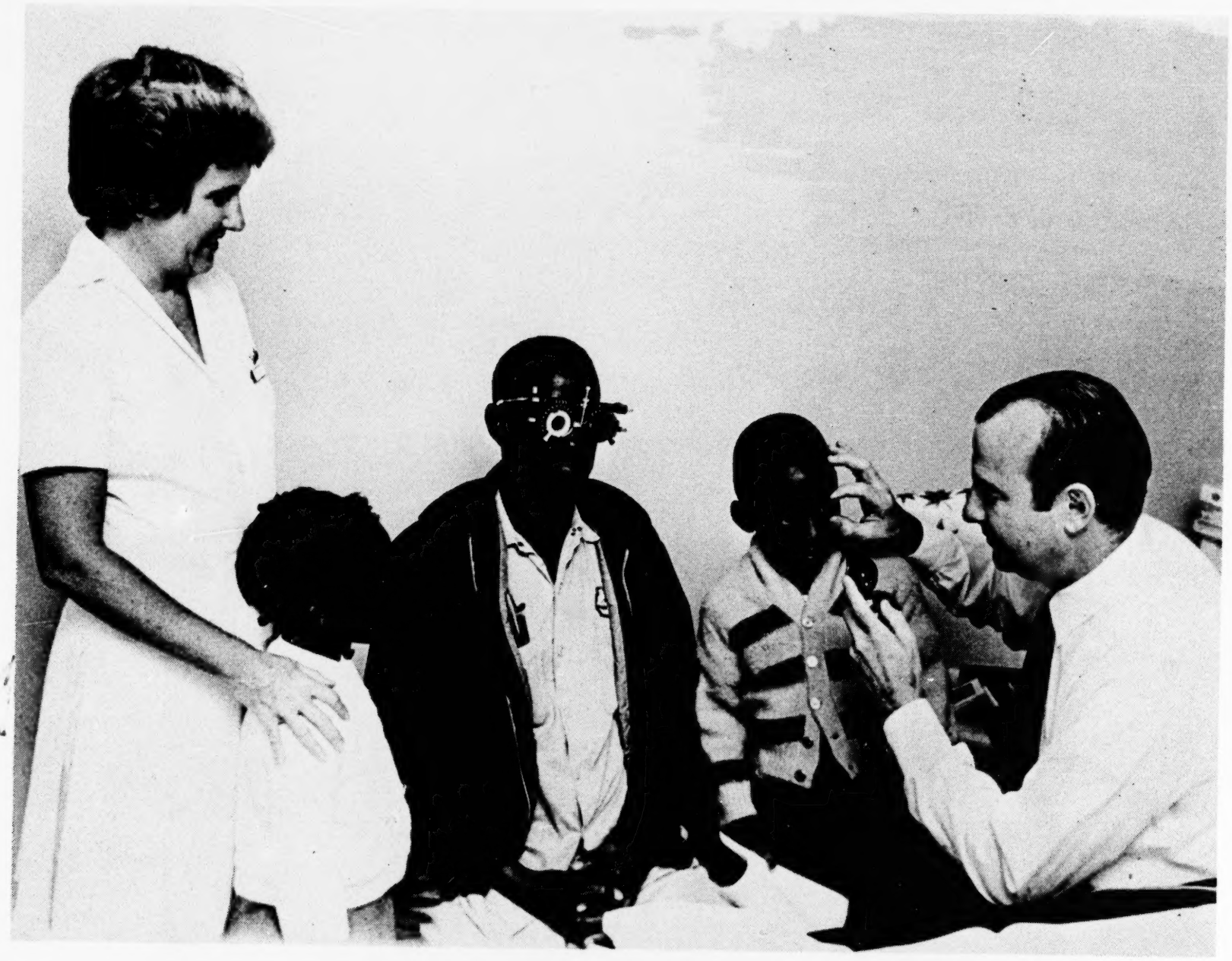
The main source of funds for hospitalization is grant assistance as the patients pay very little. When ill they cannot work and have no resources on which to fall back. Very rarely have there been any patients covered by medicare as people in this age bracket are unable to do the manual labor required. No patients had hospital insurance this season. One involved in an automobile accident had no liability or medical insurance.

Title XIX, or Medicaid, was implemented in North Carolina, January 1, 1970. Apparently the guidelines used do not cover the migrant laborer who does not plan to reside in the area and does not plan to return to his home base within 30 days.

The hospital informed the project that Medicaid was paying 100% of bills incurred under their program. Unfortunately the project was not funded to meet a 100% obligation and continued as per established agreement.

The following pictures are submitted as evidence of the continuity of medical care in this area.

EYE CLINIC



Nurse and Ophthalmologist volunteered service. The Hendersonville Lions Club donated $200 to help defray cost of glasses.

Total examined - 38 Tested for glaucoma - 26 (results negative)

Needed glasses - 29

1 Basal cell carcinoma - (later removed in surgeon's private office)
1 Pterygium; 1 Amblyopia; 1 Esophoria.
Other minor infections or irritations - Rx ordered.

This is a worthwhile clinic effort. The response of the people when they receive their glasses is rewarding.

NURSING SERVICES

The specific objectives of the nursing staff were to utilize nursing skills in the clinic setting, camp, local housing, and to aid the physicians in giving the best possible medical care, health education in all facets, and preventive medicine.

The project was staffed by three nurses and one nurse's aide. All persons related to direct patient care were salaried. The project director (Public Health Nurse), and staff nurse with public health experience, worked full time. The clinic nurse worked three nights per week. The nurse's aide worked five mornings per week. Responsibilities were divided as follows:

Project Director: Entire project operation--which included supervision of employees, public relations, ascertaining patients' eligibility for hospitalization, referring patients for consultation, and making appointments; providing transportation (by ambulance, bus, taxi, grower, staff); making some field visits, and covering necessary care on the weekend when clinic was closed.

Staff Nurse: Worked split hours, Monday, Wednesday and Friday, 2 P.M.-10 P.M.; Tuesday and Thursday, 9 A.M.-5 P.M. The main responsibility was working three clinic nights and field visits, giving continuity to clinic service and supportive health education for specific illnesses.

Clinic Nurse: Worked three clinic nights per week. Main responsibility--over-all clinic procedures.

Nurse's Aide: Sterilized instruments, checked supplies, defrosted refrigerator, made field visits with R.N. Also gave out appointments and assisted with case finding.

Other personnel included Office Manager-Secretary-Bookkeeper; full time, split hours. Full responsibility of the office management.

Receptionist: 3 clinic nights per week.

Accountant: Part time

The Neighborhood Corp supplied a teenage girl for eight weeks who assisted with clerical work, supplied the rack with educational materials and made a few visits with the project director when problems of a social service nature were involved.

Custodian: Faithful employee for seven years, did custodial work early in the morning so that the clinic was in readiness at all times of operation, and made necessary minor repairs.

Health Educator: see special section.

A staff meeting was held once a week to coordinate project efforts, case study, and continuing education. The State Board of Health Consultant

on Health Education visited the project to assist in strengthening this facet of service. The State Board of Health physician consultant visited the project and assisted one clinic night with the evaluation of two children with congenital defects.

On Clinic nights the nurses and office staff were ready for operation at 6:30 P.M. and the clinician started promptly at 7 P.M. Patients registered with the receptionist on arrival, their charts and family records were prepared or secured from the files, and then were treated in the order of their arrival unless conditions warranted immediate attention. Each was questioned as to present complaint and relevant history. Clinic procedure on a patient's first visit was to check weight, temperature, pulse and respiration, blood pressure, hemoglobin and urine. All prenatal patients were sent to the local hospital laboratory for a 'Prenatal Survey' which included blood group, RHO antibody screen, urine, Ind. Coombs, HGB--VDRL. Papanicolaou smears and serologies were sent to the North Carolina State Board of Health laboratory. The addition of a microscope made more laboratory work possible at the clinic site. Examples, Gram stains, centrifuge urine slides, sperm count. The nurses would prepare the slides for the clinician to interpret. Other urine screening was done using Labstic, Uristix, and the Twenti-sec Urine test for pregnancy, as well as Dextrostix (one-minute test for blood glucose).

The policies and procedures were developed by the local project with approval of the State Consultant Service. The physicians diagnosed and ordered treatment.

The Child Development Center phoned the clinic when a child became ill and the child was either brought to the clinic or a nurse went to the Center, as determined most practical for the condition. Both the Center and the schools referred patients to the clinic. School physicals for the Fall term were done at the clinic.

For home visits the standard nurse-bag technique was used. The bag contained the following equipment: blood pressure cuff, stethescope, thermometers, dressings, ointment, liquid soap, Zephiran towelettes, B-D disposable swabs, forcep, scissors, applicators, tongue depressor, cotton balls and white apron. Other supplies were taken as needed.

Patients were referred to the clinic by other migrants, crew leaders, growers, teachers, hospital staff, welfare, staff field visits, etc. An open-door policy is maintained and everyone receives service to the best ability of the staff. Migrants look to the clinic as helping people. Referrals made locally from the clinic are by phone and the appointment system. This has worked well in the area. The Migrant Health Referral form is used for out-of-state cases. Forms are sent on all patients who require further medical supervision. This procedure is explained to the patient and the Referral identification attachment is given them to carry, in addition to their Personal Health Record. The project completes the required forms in a conscientious manner.

Orientation is necessary to a seasonal project and should continue. The following was submitted at the end of orientation by the clinic nurse. "My orientation for Clinic Nurse at the Migrant Clinic spanned a two-week period. During this time all aspects of this organization were covered. Our goals and the ways in which we will best achieve them were defined. Our role as helpers and how our jobs in the team interrelate for the most effective service were discussed. We were asked to evaluate ourselves and our own motivations as helpers; to relate our goals with those we were trying to help; to plan with them rather than superimpose our own goals on others. In order to be more effective we were asked to learn from, as well as teach, those we wish to help. These requests show much insight by the director of the project for the migrants and their specific problems.

" My orientation was a medical review in the use of new medicines and different techniques. Most important, however, I was made aware of a whole area of human existence. The migrants and their families desperately need the kinds of service which are specific and responsive now available to them through the project. The community profits from such a project also by the improvement of local sanitary conditions, passing of stricter regulatory laws, higher health standards in general. There is alleviation on the use of community medical personnel and facilities, and a closer surveillance check of communicable diseases by the use of the migrants' own clinic.

"The migrant project is a comprehensive health service. It is effective because of its use of the many inter-related fields, both within and without the project. The pooling of resources and talents gives a broader working knowledge to each team member who has this knowledge available at all times from all sources involved. Medically, socially, and mentally each family member (as well as the family unit) can be evaluated by the team, and treatment and counselling and follow-up is more comprehensive.

"The importance of family planning, marriage for the security of the children in case of parents' death, have been stressed by medical personnel.

"The importance of children remaining in school (with help from the counsel when needed to effect this), prompt seeking of help for any medical problem (especially V.D.), have been part of the project's counselling responsibilities.

Some changes have already been brought about. They are slow, but in the camps and in the community, things are looking better."

The methodology used to collect statistical data was the Nurse's Daily Activity Record. This was completed each day and a tally made at the end of the month, then totalled at the end of the season.

The nursing component of the project works effectively. Clinic work and field visits are closely related in giving comprehensive care to the family unit. One supports the other. Through this service the objectives were realized. Crews from previous seasons who returned notified the clinic they were in town, and camp visits were made. A member of the crew also notified the clinic as soon as it was known that the crew was moving

out so the nurses could have the referrals ready and provide medication needed for travel. There were five patients with epilepsy and four on preventive T.B. drug. These were not cases diagnosed by the project, but ones carrying medical information, evidence that continuity of medical care can be achieved. Prenatals who had previous medical care brought information from their doctor. It appears that outreach is being obtained through the educational program. Patients are more aware of diagnoses and medication given.

There are no plans being made to modify the objectives. The procedures work efficiently with the present staffing. The staff works as a team, each member capable of helping another to achieve the objectives. When one sees the results, one can alway try harder. This season there was more turnover of personnel, but the project was fortunate in being able to close the gaps with people who had had previous experience and could see the human need of service.

NUTRITION - The area Home Economist gave the staff an informative review on nutrition. Following this a complete display of available surplus commodities was shown. Recipes which could be prepared on top of the stove, as well as food that requires little refrigeration, were discussed to help the staff be better prepared to assist the migrants in meeting nutritional requirements.

Through the Emergency Food Program the surplus foods could be utilized to a better advantage, obtaining meat, baby formula, fresh fruit and vegetables.

In clinic service vitamins and iron were given to those in need. Children in the county school and Child Development Center were provided one chewable vitamin per day. Special diets for hospital patients were worked out with the help of the hospital dietitian. This is comparatively easy when there is an emergent need and the family is willing to learn and follow instructions. One of the most difficult problems is to help the older obese patients change their eating habits.

SANITATION SERVICES

Encouragement of optimal housing accommodations with continual upkeep, and the general improvement of housing comprised the system for providing sanitation services.

Sanitation services are provided by the State. One Sanitarian Aide was employed on a temporary basis who worked with and for the County Health Department on migrant sanitation. The job was on a full time basis from June 8, 1970 through August 24, 1970, and on one-third time basis from August 25 through October 15 (13 1/3 hours weekly). The individual filling the position for the second year is a biology teacher, a bacteriology major, and is considered well qualified for the type work involved.

For the second year, an effort was made to establish cordial relations with growers, migrants, and personnel and agencies involved in the migrant program. Several informative visits were made during the summer to the Farm Labor Office and to the migrant clinic. The aide also worked closely with the migrant educational project.

Daily consultation was had from the County Health Director and from two County Sanitarians. Additional consultative services were available by mail from the State Health Department. Weekly reports were rendered to the State Health Department with information copies to the County Health office. No additional consultation was required.

Migrant laborers began coming into the Henderson County area in late May. They were here about 2 weeks before the beans were mature enough to pick. Only a few came early--most of them coming near the end of August for the apple harvest. Only about 200 migrants were involved in the bean harvest as the plantings were down this year. The peak of about 800 came about Labor Day weekend. Some of the bean pickers began to leave about September 15, but a few stayed on to pick a rather good crop of late beans. All bean pickers were gone shortly after October 1. The apple pickers stayed on until well into October. Apparently a great deal of local and day-haul labor was used this year in the apple harvest. Some were hauled in daily from both the Greenville and Spartanburg areas of South Carolina. This was mainly due to an acute shortage of migrant housing.

There were 8 camps licensed to operate in the county this year. Two of these were of concrete block apartment-type construction. Of these 2, 1 had city water and sewage and the other its own well and septic tank. The one with city water and sewerage moved in 5 wooden shacks which formerly housed a bean crew, and utilized the facilities of the camp. With the exception of some drainage problems both of these camps were maintained in an excellent manner. The other 6 camps were of frame construction. One camp north of the city has both concrete block buildings and sheet metal framed wood; deep well and privy. This camp though not too desirable from a structural standpoint was maintained in an excellent manner. One camp east of town was reopened in an old

school building that has been partitioned off--making housing for approximately 15 people; septic tank and deep well, maintained in an excellent manner. One camp of wood construction housed about 50 people for a while; camp has city water and sewerage; maintained well. One small crew moved into a small motel on Barnwell Street, inside city limits, and maintained a very good camp there. This year for the first time, a grower moved 7 very modern cottages into his orchard and reworked them for labor housing. These are very modern and exceptionally good labor housing. They are served by a deep well and a septic tank.

Again, a number of migrants were crowded into resident housing and apartments within the city. Most of these had adequate water and sewerage facilities and city garbage pickup--some were too crowded and tended to litter and live sloppily. The worst houses outside the city were not utilized this year, probably due to close surveillance over them the previous year. Two locations outside the city housed migrants that were just below camp status (10 workers) and both were housed in adequate facilities but not under state law due to status. One of these was a concrete block structure will all facilities required by the law, including hot water, baths and septic tanks, deep well, and outside lights. The other facility has frame construction, privy, and a bored well. There is no hot water or outside lighting; otherwise it is adequate. These, as with the others, were maintained in an excellent manner.

Private housing for workers on growers' own property is being urged by the county health department. The separate housing opened up this year by an apple grower was built through an approved Rural loan. This is the first instance of this in the state, and it is hoped that other growers will wish to make use of this opportunity. The trend is still towards small well regulated camps on the growers' property.

Authority for issuance of permits is North Carolina General Statutes, Section 130-166-3. In general the over-all conditions were improved over the previous year. Good personal relations were established and maintained with both the grower and the migrants. In all cases excellent cooperation was obtained. Advantage was taken of regular visits for encouragement toward improved sanitation. Clean-up tools and equipment were carried and made available where needed; also, other small tools and supplies were made available on special occasions.

The water supplies ranged from a bored well to city water. There were no unprotected dug wells in the county this year as in years past. Sewerage facilities ranged from privies to city sewerage. There were only two privies this past year; one in a camp and one in a housing area less than a camp. Both were maintained in an excellent manner. The camps outside the city had adequate septic tanks and those in the city were on city sewerage. Garbage and refuse was generally hauled on a daily basis. In a couple camps a dumpster type contained was utilized and hauled on a weekly basis. Again a small camp utilized a deep trench that will be covered over at the end of the year.

Refrigeration was required only in those camps where central eating

facilities were provided. These were inspected and permitted on the same basis as a public eating establishment by the county Sanitarian.

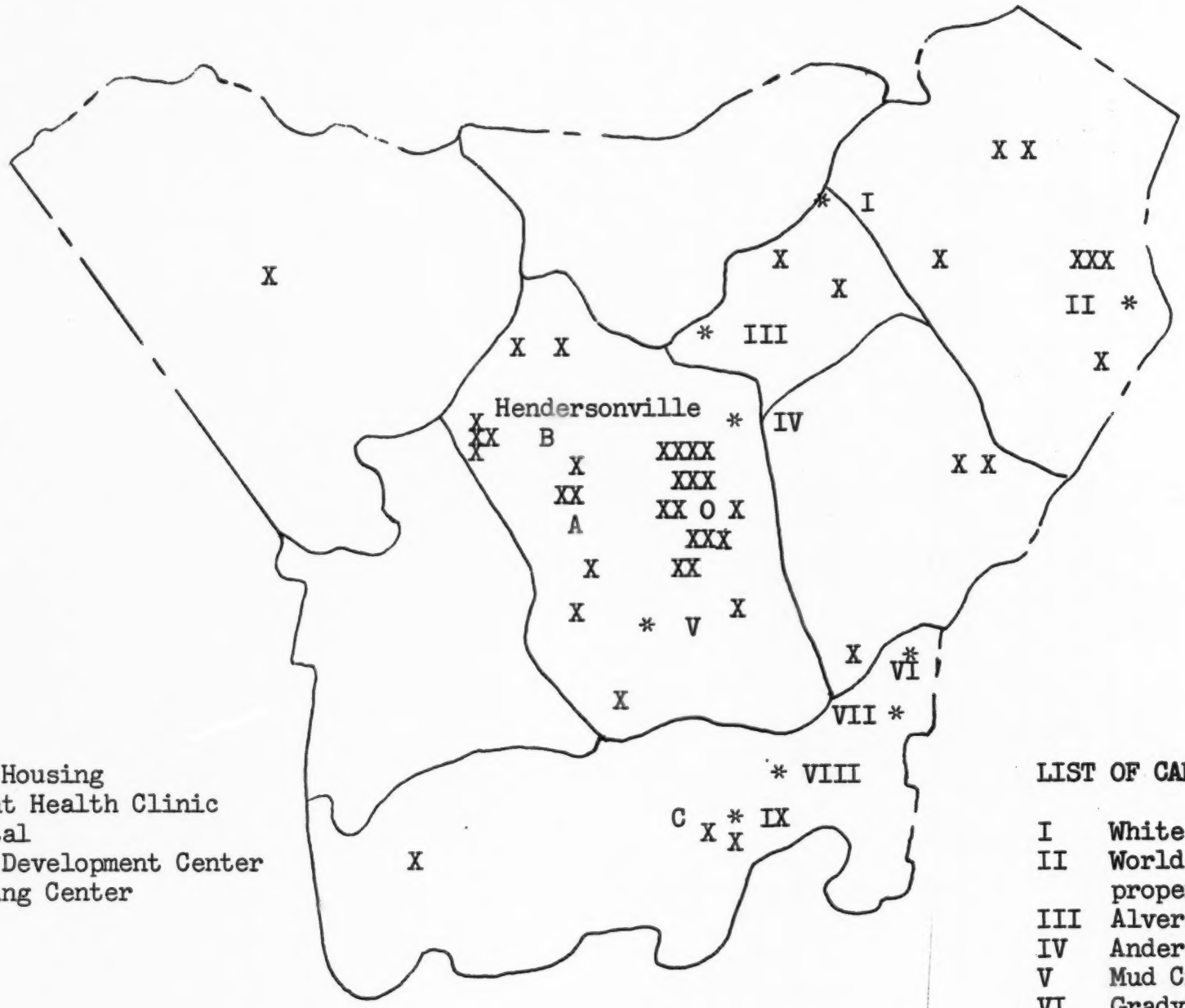
The work environment consisted of small fields of vegetables scattered throughout the county. They would often change patches two or three times a day. Apple orchards ranged in size from a few acres to a hundred or more. Accommodations available were water carried in artic coolers. Handwashing facilities were generally unavailable; food handling was on a family basis. Central toilet facilities were not available. In general facilities were never more than a few minutes away.

Counselling was done on an individual basis or in small groups.

The specific objective of the Sanitation program was a general upgrading of sanitation of living areas of the migrant. This was 100% accomplished. There was no camp or housing area that was visited regularly that was not improved over the previous year. There are still some housing facilities where a great deal of improvement can be made as progress is slow in some instances. Good relations were maintained with both camp operators and migrants at all times. Excellent relations was the most useful and most preferred method of gaining compliance of cited defects.

Sanitation services are best operated by the County and State. It is very useful for the inspector to wear this mantle of authority.

(Note: The Sanitation Data and the Sanitation section of this Annual Progress Report was prepared by the Sanitarian Aide and submitted to the project by the local Health Department).



X Local Housing
A Migrant Health Clinic
B Hospital
C Child Development Center
O Clothing Center

HENDERSON COUNTY

LIST OF CAMPS:

I White at Clear Creek
II World's Edge on Andrew Jones' property
III Alverson at Balfour
IV Anders & Pertilla on Beech St.
V Mud Creek on Old Spartanburg Rd.
VI Grady Hill on Upward Rd.
VII Garrison at New Hope Orchard
VIII Newell Hill on Crest Rd.
IX Case at East Flat Rock

HEALTH EDUCATION

An orientation session was conducted by the North Carolina State Board of Health at Greenville, North Carolina, June 16-18, 1970, concerning familiarization with general operating and reporting procedures. Much emphasis was placed on formulation and maintenance of a Project Advisory Board. Orientation at the clinic level was confined primarily to operating procedures of the clinic itself, field and camp locations, and where resources were made available to the project.

As a result of the work of personnel in previous years, migrants were well acquainted with both the location and the function of the clinic. Consequently, the Health Educator had little trouble in gaining recognition and acceptance, and after a few visits to the came he became known variously as 'the man from the clinic', or 'the man who shows the films.' Good rapport was thus established with the migrants and they readily came forward with questions and physical complaints. It is essential to the continued success of the program that these relations be maintained.

In the light of the current desire to include migrants on a Project Advisory Board (P.A.B), much time and effort was channeled in that direction. The idea of serving on 'the committee' was cooly received at first, with the result that the first meeting of the P.A.B. was poorly attended, only two camps being represented. The representatives who did not attend were utilized, however, in an attempt to stimulate interest in the P.A.B. The success of this strategem worked with a change in personnel. The second health educator worked with the project in 1969 and went on the season in Florida. This enabled him to have a better insight and closer rapport with the people.

Health education concentrated on such problems as heart and vascular diseases, family planning, care of eyes, care of teeth, environmental conditions, obesity, nutrition, the importance of health cards, immunizations--in addition to explaining the available services and how to utilize them. The work of the Advisory Board was an integral part of of the health education service. (See attached report on work of the Advisory Board).

Freewheelers and winos comprised most of the problem cases in the field of health education. Freewheelers have no set itinerary and often are found wanting for a job. Without work there is no money; without money, no food or shelter. These people came to the clinic destitute. Immediate medical needs were met and emergency food was obtained through the Department of Social Services and the representative of the North Carolina Council of Churches(OEO funds). Such migrant workers include the worst of the whole migrant population. Their priorities unfortunately do not usually include good health habits. A sample case is Mr. M. who came to the clinic seeking money to satisfy his alcohol dependency. He wasn't interested in food or shelter. His living quarters were an old junked car in an abandoned salvage yard. The following day revealed another man in the same car. Mr. W. had hitched a freight train from Los Angeles, California. Arriving here he was broke and his feet were too sore for immediate work. Another case was Mr. and Mrs. S. who came from Georgia

and found themselves here with no work or food, and a disabled auto. In the aforementioned cases arrangements were made to sustain the people and meet their medical needs until they were able to obtain work. These people were helped only for the present and will probably fall victim to similar circumstances when they move on for the next season. Pride in one's self is often the defeating factor that causes these people to be delinquent in their ways. Psychological problems stemming from broken marriages and other personal problems are usually contributing factors to their self-defeat. Encouragement or sometimes simply a sympathetic ear has engendered new interest in life. One patient, Mr. B., approached the health educator saying that he wanted to see the 'head shrinker'. Mr. B. had been set up in life with a good job, home, and family, but something went haywire and he and his wife separated. Now he is on the season plagued with memories of the past and attempting to drown them with alcohol. He necessarily needs a changed frame of mind before he will take a renewed interest in himself. Time will tell if the psychologist can help this man readjust to life. These cases demonstrate that it is sometimes necessary to identify other needs before executing health education. Oftentimes it is the by-product of other counselling.

The health educator was responsible for getting patients who required transportation to the clinic, doctor, dentists, and other specialists. A good rapport was established with most of these patients, and there was ample opportunity to discuss health matters. Accompanying nurses to camps on follow-up visits also provided numerous occasions for health education.

Besides the Project Advisory Board meetings there were group meetings in the camps at night when films were shown, followed by discussions. In addition, the health educator conducted meetings at the Child Development Center and summer school.

To evaluate the health education services it is necessary to go back to the stated objectives. As for objective 1, the services were explained by all project personnel to the migrant people. This was accomplished through group meetings in the camps and through individual counselling. As for the second objective (concerning influencing quality and delivery of health services), a great deal of work along this line was done through the mechanism of the Advisory Board. Objective 3 was achieved mainly through direct teaching to groups of migrants and through individual counselling by all project staff. Through the combined efforts of all persons concerned it is believed that educational endeavors are paying off. Less hospitalizations, less nutritional deficiencies, increased family planning, and increased immunizations of small children are some visible evidences which encourage staff personnel to try to do even more.

No change in over-all objectives for next year seems necessary. However, new methods in working with the Project Advisory Board may be applied.

REPORT OF WORK OF THE ADVISORY BOARD

Members comprised of migrants, project staff, local citizens, and members of Migrant Council. The migrants serving on the Board were selected by the other migrants to speak for them. The rate of consumer participation was 70%, which is higher than the 51% required the Federal P.H.S. standards.

In its first meeting it was decided to work as informally as possible in order to encourage the migrant representatives to express themselves in a less rigid atmosphere. The Board decided to have the project secretary be responsible for taking the minutes of the meetings to promote continuity.

Recommendations, Decisions, Reactions, and Findings;

The Board felt that the Clinic hours and location were convenient to migrants.
Transportation of patients referred to private physicians, dentists, specialists, etc. is provided by the project. The Board sees that this arrangement should continue.

Transportation to the regular evening Clinic is usually provided by the patients themselves. It has been found that on occasions, however, migrant patients did not have a way to get to the clinic. The president of the Migrant Council and also a member of the Advisory Board suggested the use of the Harvester van which is owned by the Council and used for the day-care center. The Board discussed this, along with other suggestions. A final decision on this was left to the Council and the project personnel. If no solution is found, the Board will endorse a specific decision in the next meeting (1971).

The Board members, especially the migrant representatives, commended the health and medical services rendered by the Project as the best they had encountered. This commendation was unanimous. They were very pleased with the quality of medical services offered by the project through the clinic, the hospital, and private practitioners. They also highly praised the eye clinic.

The Board recommended that more dental clinics be held. Two additional clinics were held following this recommendation.

The Board recommended the extension of the Child Development Center services to the preschool children beyond the second week of August. This center is run by the local Migrant Council (from their own budget) and therefore the Council is expected to explore the possibilities of meeting this recommendation.

The Board recommended that the summer school program be reviewed to accommodate more students. It was felt that the program commenced too early

in the summer--before the bulk of migrant people arrived here, and ended too soon (July 31). The Migrant Council is expected to check into this situation.

The migrant representatives commended the local community for its sense of care revealed in the many services offered to migrants while in Henderson County.

The migrants complained about conditions in the Alverson Labor Camp--leaking roofs, unsanitary outdoor privies, and the high cost of food sold at the Camp store. This is being investigated.

The Project Advisory Board felt that the meetings which were held were beneficial and should continue. The feeling expressed was that both consumer and those giving service were involved in a learning process.

MEETING OF THE PROJECT ADVISORY BOARD
(Three members left before photo was taken)

MEMBERS OF PROJECT ADVISORY BOARD

Broward Board	Migrant
William Brinson	"
Elijah Allen	"
Harold Smith	"
Eula Ford	"
Manreene Glenn	"
Willie Glenn	"
Alfonso Goodwin	"
Margarette Walters	"
Irma Arms (white)	"
Betty Williams (white)	"
Jack White	Migrant Crewleader
Joseph Browning	Migrant
Cathy Rinehart	"
Mary Byles	"
Johnny Taylor	"
Sam Wright	Migrant Crewleader
Albert Wright	Migrant
George Walters	"

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Oren Wilkie	Citizen
Rev. Walter Roberts	Local Migrant Council
Arthur Ocker	" " "
Richard Brown & Charles Hayes	N. C. Council of Churches
Mrs. Claire Burson, Ronald Moore, Mrs. Dora Fish	Project staff
Elmer Dorsey	Henderson Co. Health Dept.